



Our Docket No.: 003543.P002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

HUI BUI

Application No.: 09/316,851

Filed: May 21, 1999

For: **CONSTANT OCULAR PRESSURE
ACTIVE INFUSION SYSTEM**

Examiner: M. Thompson

Art Group: 3763

14 4
JUN 29 2000
RECEIVED
TC 3700 MAIL ROOM

RESPONSE TO THE OFFICE ACTION

Assistant Commissioner for Patents
Washington, DC 20231-9998

Sir:

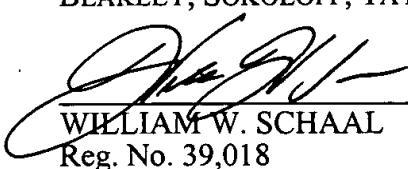
In the Office Action dated May 23, 2000, the Examiner contends that Applicant claims **two** distinct inventions in the above-identified United States Patent Application; namely, **Claims 1-23, drawn to a medical system for irrigation, classified in class 604, subclass 131 (Group I) and Claims 24-32, drawn to methods for controlling pressure, classified in class 604, subclass 30 (Group II)**. Thus, pursuant to 35 U.S.C. § 121, the Examiner requires Applicant to restrict his Application to one of the alleged **two** inventions. In compliance with 35 U.S.C. § 121, Applicant elects the **first** group (claims 1-23).

In view of the foregoing, Applicant requests examination of the elected claims.

Examination at the Examiner's earliest convenience is respectfully solicited.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

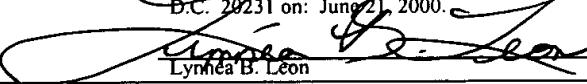

WILLIAM W. SCHAALE
Reg. No. 39,018

Dated: June 21, 2000

12400 Wilshire Boulevard, Seventh Floor
Los Angeles, California 90025
(714) 557-3800

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on: June 21, 2000.


Lynne B. Leon

06/21/00
Date

GP3762

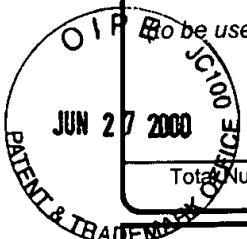
PTO/SB/21 (12/97)

Approved for use through 9/30/2000. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

Do be used for all correspondence after initial filing)

JUN 27 2000

Total Number of Pages in This Submission

4

Application No.	09/316,851
Filing Date	May 21, 1999
First Named Inventor	Hai Bui
Group Art Unit	3762
Examiner Name	
Total Number of Pages in This Submission	4
Attorney Docket Number	003543.P002

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

JUN 27 2000
PTO 3700 MAIL ROOM

RECEIVED

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	William W. Schaal, Reg. No. 39,018 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	June 21, 2000

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on: **June 21, 2000**

Typed or printed name	Lynne B. Leon	Date	June 21, 2000
Signature			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box:

PTO/SB/17 (12/99)

Approved for use through 09/30/2000. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

JUN 27 2000

PTO/TRADEMARKS/JC100

FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT **(\\$)** **0.00**

Complete if Known

Application No.	09/316,851
Filing Date	May 21, 1999
First Named Inventor	Hai Bui
Examiner Name	
Group/Art Unit	3762
Attorney Docket Number	003543-P002

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees to:
 The Commissioner is hereby authorized to credit any over payments to:

Deposit Account Number **02-2666**

Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

Charge Any Additional Fees Required Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

2. Payment Enclosed:
 Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee	Fee	Fee	Fee Description	Fee Paid
Code	Code	(\\$)	Code	(\\$)		
101	690	201	345	Utility filing fee		
106	310	206	155	Design filing fee		
107	480	207	240	Plant filing fee		
108	690	208	345	Reissue filing fee		
114	150	214	75	Provisional filing fee		
SUBTOTAL (1)				(\$)		

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Extra Claims	Fee from below	Fee Paid
23	3	32	X 9.00	= 0
3	5		X 39.00	=
Multiple Dependent				

**or number previously paid, if greater. For Reissues, see below

Large Entity Small Entity

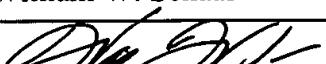
Fee	Fee	Fee	Fee Description
Code	Code	(\\$)	
103	18	203	9 Claims in excess of 20
102	78	202	39 Independent claims in excess of 3
104	130	204	130 Multiple Dependent claim, if not paid
109	78	209	39 **Reissue independent claims over original patent
110	18	210	9 **Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)			
(\$)			
0.00			

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\\$)

Complete (if applicable)

Typed or Printed Name	William W. Schaal	Reg. Number	39,018
Signature		Date	06/21/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

RECEIVED
JUN 27 2000
MAIL ROOM